**Physician Resident Orientation**

Case Management

General Information and Roles at RMC

Created: August 2021

**Case Management:**

Case Management encompasses communication, & facilitates throughput from admission through discharge. The goals of Case Management include, assisting with access to care, use of appropriate resources, balanced with the patient’s right to self-determination.

**Daily Priorities:**

1. Discharges
2. Assessment/Reassessment of Discharge service needs
3. Communicate with physicians, allied health, & pt/family;
	* Obtain required orders & forms for timely discharge & throughput
4. Remove discharge barriers as able.

**Uninsured Resource Assistance**

There are multiple community resources available for various needs. CM provides information to patients/families on resources within the community. Information changes frequently, and we work to keep our resources updated as changes occur. CM often refers patients to Community Clinics, where community resource supports are included in their clinic staff to assist clients.

**Medication Assistance:**

Case Manager (CM) is only able to provide assistance to hospitalized patients with no medical insurance coverage, AND the patient/family lacks the financial resource support to obtain the medications on their own following hospital discharge. Prescriptions are provided for a short term, to allow the patient time to see their PCP in follow-up and to use established community resource pharmacies for ongoing medication support. Medication assistance does not include over the counter medications, medications on the $4 Walmart list, or narcotics.

Exceptions:

Burn patients may qualify for assistance with narcotic prescriptions

Antibiotics will be provided for the full course up to a maximum of 30 days

Inhalers

Other Community pharmacy resources are available, and are provided to the patient/family when appropriate.

**Community Clinics:**

* Listings of KC Metro community clinics & locations are included in resource information materials provided to patients.
* RMC works closely with SWOPE Healthcare as the closest Community Clinic to the hospital & with satellite clinics throughout the metro area, located on/near bus routes. SWOPE also has a community pharmacy available
* Patient direction to community clinics looks at their home address for options or where they have previously received services

**Payer Challenges:**

1. Uninsured/Self Pay
	* Facilities will not accept for Rehab or SNF without a guaranteed payer source. They have a limited % of charity cases they can accept. HOME is the disposition required.
2. Medicaid
	* Some, but not all uninsured will qualify for Medicaid. This is a time-consuming process
	* NO SNF benefit
	* NO Home Health benefit
	* Options are: Home/Rehab/Long Term Care(nursing home)
	* Denial appeals require only physician to call, and there is a lengthy wait time
	* Provides coverage for Transportation
3. Medicare
	* Can appeal denial; Delays dc by at least one day depending on time denial is called in
	* Patient/Family must initiate themselves
4. Commercial Insurance
	* Biggest discharge delay is in getting prior approval for post acute care services; They have 3 business days to make a decision
	* Peer to Peer review conversations have time constraints to complete

**Post hospital Levels of Care:**

1. Rehab – Must be able to tolerate 3 hrs of therapy a day; Must be motivated and participate in therapy; Otherwise, consider SNF level rehab. \*\*opportunity to set realistic expectations with families of patient’s needs
2. Skilled Nursing (SNF) – The patient requires a lower level of nursing care or a slower paced rehab therapy program. e.g. IV ABX over an extended timeframe, wound cares not manageable at home, slower paced rehab therapy of an hour or more each day. \*\*Patients can progress from SNF to inpatient Rehab as they are able to meet the rehab requirement.
3. Long Term Care (LTC), also referred to as nursing home – Is always private pay, or patient must qualify for Medicaid
4. Assisted Living – Is a private pay service. Apartment style living with 1-2 times/day check-in & assist with med administration or meal set-up.
5. Home Health – Short term, in-home services following a hospital stay.
	* Visits 2-3 times a week; Visit length an hour or less for assessment, re-education & patient/family education follow-up. Service can be RN, PT, OT; Speech and SW are a case by case review, and are not reimburseable services.
	* Is NOT Private Duty, which is not covered by insurance and is ongoing 1:1 care provided in the home. Private Duty is very expensive & most families cannot afford. Medicaid allows family members to apply and be reimbursed if they meet state mandates to be a caregiver
6. LTAC – for chronic, complex patients, e.g. high oxygen flow, prolonged vent weaning, complex wounds/burns
7. Hospice – Can be inpatient (GIP) or provided in the home or community
	* GIP does not require consult orders to palliative care
	* RMC has a GIP Liaison onsite (Catherine Tesar)to assist & support physicians, families and the care team through the process of ordering and set-up
	* GIP is preferred over comfort care because if provides the family a full year or more of support after their family member expires
	* GIP at RMC: Crossroads Hospice, Kansas City Hospice, Village Hospice
	* Palliative Care should ideally be performed in the PCP office, or other venue outside of the inpatient hospital. At times, that is not possible
		+ Physicians can decide who they want to consult for Palliative Care
		+ The patient/family always have choice if they elect to go hospice

**Substance Abuse Resources:**

CM screens for substance abuse and provides resource listing to patients if they have positive screens.

* Patients must self-refer to substance abuse rehab or inpatient programs
* CM cannot refer the patient, but will provide any requested medical records as long as the patient remains inpatient. After hospital discharge, patient or facility must request records through Medical Records (required request form is located on the bottom of the RMC web page)

**What if I have additional questions:**

Feel free to stop me in the hallway, come by the CM office, call or email me

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